

221101

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

Request to amend name on Class C Charter  
Certificate

John Stephens dba Island Express

JAN - 6 2010

DOCKET

NUMBER: 2004 - 285 - T

RECEIVED  
T.T.W.W.W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

JOHN STEPHENS

Telephone:

(843) 343-7760

Address:

1178A GREGORIE FERRY ROAD

Fax:

(843) 795-5344

MT. PLEASANT, SC 29466

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

JS

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
 Docketing Department  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896-5100  
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0818

RECEIVED

DATE: 1/4/10

JAN - 6 2010

I have the following Certificate:

☐ Class C Taxi # ☒ Class C Charter # 1497 ☐ Class C Charter Bus #  
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: John Stephens (Current Name) DBA: Island Express (Current DBA if applicable)

TO: Low Country Transport, LLC (New Name) DBA: ISLAND EXPRESS (New DBA if applicable)

☐ Scope of Authority  
 From: (Current Scope) To: (New Scope)

☐ Passenger Limit  
 From: (Current Limit Number) To: (New Limit Number)

\* Low Country Transport, LLC  
 (Name & DBA if applicable)

\* Mt. Pleasant, SC 29466  
 (City, State, Zip Code)

\* (843) 343-7760  
 (Telephone Number)

\* 1178 A GREGORIE FERRY RD.  
 (Street Address)

\* John Stephens  
 (Signature)

\*  
 (Title)

# *The State of South Carolina*

**RECEIVED**

JAN 8 2010

T.T.W.W.W

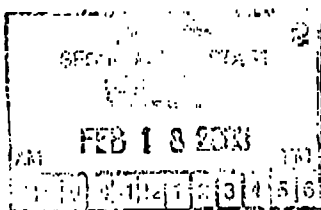
## *Office of Secretary of State Jim Miles* **Certificate of Existence**

**I, Jim Miles, Secretary of State of South Carolina Hereby certify that:**

LOWCOUNTRY TRANSPORT LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 18th, 2000, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 25th day of  
February, 2000.

A handwritten signature in cursive script that reads "Jim Miles".  
\_\_\_\_\_  
Jim Miles, Secretary of State



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

FEB 18 2008

SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Section 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is LOWCOUNTRY TRANSPORT LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
# 3205 MORNINGDALE DR.

Street Address

MT. PLEASANT SC 29466  
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is

J D FLETCHER PILLING

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

3205 MORNINGDALE DR.

Street Address

MT. PLEASANT SC 29466  
City Zip Code

4. The name and address of each organizer is

(a) J D FLETCHER PILLING (843) 224-7960

Name

Telephone Number

3205 MORNINGDALE DR.

MT. PLEASANT

Street Address

City

SOUTH CAROLINA

29466

State

Zip Code

(b)

Name

Telephone Number

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

State

Zip Code

(b)

Name

Telephone Number

Street Address

City

State

Zip Code

(c)

Name

Telephone Number

Street Address

City

State

Zip Code

(d)

Name

Telephone Number

Street Address

City

State

Zip Code

7. ☐ Check this box if only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer



Date 2-8-2000

(Add additional lines if necessary)